

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.   FILED DATE  

APPLICANT(S)

**09/936551**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TAL							TOTAL IND.					
TAL							TOTAL DEP.					
TAL VMS							TOTAL CLAIMS					